

COPY OF A VA POLICE REPORT REQUEST

1. Name of the individual making the request:
2. Name of at least one of the individuals involved in the incident:
3. The exact date of the incident:
4. The address the report is to be sent to:
5. A contact phone number in case additional information is needed to fill the request:
6. The signature of the requestor and the date of the request:

The request can be mailed to:

FOIA Officer (00/NLR)
Central Arkansas Veterans Healthcare System
2200 Fort Roots Drive
North Little Rock, AR 72114

Requests can also be submitted to:

- Release of Information, Little Rock, 1D-151
- Building 68, 2nd Floor, Room 216 North Little Rock
- Scanned and sent via email to VISN16foialittlerock@va.gov.

Please note: It can take several workdays for a request to be filled.